

TAP
Pre-Retirement/Pre-Separation
(Please Circle One)

Date Called In _____ Requested Class Date _____

Service Member's Name _____

Branch of Service _____ Rank/Paygrade _____

Home Phone Number _____ Work Phone Number _____

Home Address _____

City _____ State _____ Zip Code _____

Will Spouse Attend? Yes _____ No _____

Spouse's Address (if different from above) _____

City _____ State _____ Zip Code _____

Service Member's Separation Date? _____

Service Member's Retirement Date? _____

End Active Obligated Service? _____

COMMAND INFORMATION

Command/Unit _____

Command Mailing Address _____

City _____ State _____ Zip Code _____

Command Career Counselor's Signature (Required) _____

Office Phone Number _____

NTCGLAKESNOTE 1830 Registration requirements: (1) Submission of this registration form, (2) A completed DD Form 2648, Pre-Separation Counseling Checklist (front & back)

Mail or Fax to: TAMP
 Ms. RayJena Fanning
 Fleet & Family Support Center
 2601A Paul Jones St.
 Great Lakes, IL 60088
 Phone 847-688-3603 ext. 147 DSN 792-3603
 FAX: (COML) 847-688-2827 DSN 792-2827